

TEAM NAME _____

one form per team, signed by **ALL team members**

2024 Deborah Turner Memorial Rogaine

MANGATAPIRI STATION, Elsthorpe

INDEMNITY FORM & EMERGENCY INFORMATION

Competitor Name	Date of Birth	Signature

EMERGENCY INFORMATION

Emergency Contact – Name, Address & Phone No.	Allergies or Medical Conditions	Registration Number Car

NOTES:

1. For competitors aged under 18, this is required to be signed by a parent or guardian.
2. Supply the name, address and telephone number of a person to contact in the event of an emergency. This person must not be a competitor at the event.
3. Supply details of any medical conditions or allergies that might be of assistance to First Aid staff in the event of an accident or emergency.
4. The registration number of the vehicle you have travelled in and parked at the event centre.

INDEMNITY

I, the undersigned, acknowledge that Hawke's Bay Orienteering Club Inc. (the event organisers) and the owners of the land used for this event accept no liability for any loss, damage or injury to me resulting from my participation in this event. I understand that this event is organised and staffed by volunteers. I enter this event at my own risk and acknowledge that there may be risks associated with the sport of Rogaining. I will comply with all safety requirements of the event.

MANDATORY CLOTHING & EQUIPMENT CHECK

(to be completed by Registration volunteers)

Individual Items	Check	Team Items	Check
whistle		Watch	
Extra Thermal Top		Compass	
Hat and Gloves		First Aid Kit	
Water and Snacks		Survival Blanket	
Backpack			

Check completed by _____